

**CATASTROPHIC LEAVE DONATION RECORD**

DATE: \_\_\_\_\_  
UNIT: \_\_\_\_\_

☐ REPRESENTED: Bargaining Unit: \_\_\_\_\_  
☐ NON-REPRESENTED: Management Designation \_\_\_\_\_ (M,S,C)

In accordance with the CATASTROPHIC LEAVE provision contained in the Bargaining Unit Agreement or DPA rule, I wish to donate the following leave credit to:

Name of Employee: \_\_\_\_\_  
Work Location: \_\_\_\_\_

**DONATION:**

\_\_\_\_\_ Hours of Vacation                      \_\_\_\_\_ Hours of Holidays Credits  
\_\_\_\_\_ Hours of CTO                              \_\_\_\_\_ Hours of Annual Leave

I MAKE THIS DONATION WITH THE UNDERSTANDING THAT MY DECISION IS IRREVOCABLE.

Donor's Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Work Location: \_\_\_\_\_  
Donor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: The donation must comply with the provisions of the applicable Bargaining Unit Agreement or DPA Rule.

- Some restrictions apply to donations crossing departmental lines and bargaining unit lines.
- Bargaining unit agreements, with the exception of 4, 11, and 14, require initial donations to be in an 8-hour block (Units 4, 11, and 14 require only 1-hour block); thereafter donations may be made in whole hour increments, and credited as vacation or annual leave. Review applicable bargaining unit agreement or rule before completing this form.

**APPROVAL - PERSONNEL OFFICE:**

Confirm Donation Transfer By: \_\_\_\_\_ Date: \_\_\_\_\_  
Confirm Donation Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**Copies:**

☐ Donor  
☐ Personnel Office Transferred  
☐ Personnel Office Received